



**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
Official Use Only

**COVER PAGE**

*A Public Document*

Please type or print in ink.

NAME (LAST) <u>Perez</u>	(FIRST) <u>Sandra</u>	(MIDDLE)	DAYTIME TELEPHONE NUMBER 
MAILING ADDRESS (May use business address) 	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

CA Office of the Patient Advocate

Division/Board, District, if applicable:

Dept. of Managed Health Care

Your Position:

Director / Pt. Advocate

➤ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2007, through December 31, 2007.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2007.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2007, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate

**4. Schedule Summary**

➤ Total number of pages including this cover page: \_\_\_\_\_

➤ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes – schedule attached  
*Investments (10% or greater Ownership)*

Schedule B ☐ Yes – schedule attached  
*Real Property*

Schedule C ☐ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D ☒ Yes – schedule attached  
*Income – Gifts*

Schedule E ☐ Yes – schedule attached  
*Income – Travel Payments*

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-31-08  
(month, day, year)

Signature   
(File the originally signed statement with your filing official.)

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Sandra Perez
---

► NAME OF SOURCE  
CA Council for Environmental and Economic Balance

ADDRESS  
100 Spear Street, Suite 805, S.F., CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Annual Edmund G. "Pat" Brown Luncheon

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 23 / 07	\$ 48.92	Refreshments & Food
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

Comments: \_\_\_\_\_